



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: August 12, 2003

SUBJECT: **Begin Planning Now for National Family Caregivers Month**

National Family Caregivers Month will be observed this November as the federal Administration on Aging (AoA) also celebrates the enactment of the National Family Caregiver Support Program in 2000. The purpose of this year's National Family Caregivers Month will be to increase public awareness that: 1) there is a need to support family caregivers, 2) services are available, and 3) the NFCSP program is working.

AoA wants AAAs to alert the public about the availability of caregiver support services and help caregivers find needed services. They also want to take this opportunity to share accomplishments and communicate that the National Family Caregiver Support Program is even more successful than expected in reaching caregivers.

Please begin planning National Family Caregivers Month activities now. **AoA is developing a kit for use with Caregiver Month events and activities in November** and throughout the year. Kit contents will be posted on the AoA Website and the kit will be mailed to members of the national aging services network. They will alert you when these materials are available become available on the AoA Web site at www.aoa.gov.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: August 12, 2003

SUBJECT: **Begin Planning Now for “Talk About Prescriptions” Month**

October 2002 is national “Talk About Prescriptions” Month, the 17th annual observance by the National Council on Patient Information and Education. An on-line Planning Kit will be available from the National Council on Patient Information and Education as we get closer to October, so check their website often:
www.talkaboutrx.org.

COMMONWEALTH of VIRGINIA
Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Faye D. Cates, MSSW, Human Services Program Coordinator

DATE: August 12, 2003

SUBJECT: TWO NEW GUIDES ON ASSISTED LIVING

The Area Agencies on Aging and senior centers are probably the first 2 places people contact for assisted living resources. Two new guides are available from the Nat'l Center for Assisted Living and the MetLife Mature Market Institute. Both are free.

The NCAL guide summarizes the regulations in 21 categories and provides contact information for state survey agencies.

"In assisted living, quality standards are developed at the state level, which makes this thorough overview essential to developers, policy makers, aging organizations and consumers who want information about their own or other states," said Lyn Bentley, senior director of assisted living policy for NCAL.

The MetLife guide was written in cooperation with the National Alliance for Caregiving and contains checklists for seniors and family members to use when shopping for an assisted living facility. For example:

- How long has the facility been open?
- Do the operators have more than one facility? Does its annual report show stability?
- Have complaints been filed by the state or local long-term care ombudsman?
- Is the facility attractive? Is it too noisy?
- Is the food good?

Info: www.ncal.org to download the publication; Met- Life, 203/221-6580; e-mail: maturemarketinstitute@metlife.com

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Faye D. Cates, MSSW, Human Services Program Coordinator

DATE: August 12, 2003

**SUBJECT: ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS (AIRS)
ONLINE TRAINING SURVEY**

See below for a survey conducted by the Alliance of Information and Referral Systems (AIRS). AIRS will be offering online training in the field and now is the time to let them know what kind of training you would like to have offered. For example, in addition to the listing they provide, I would like to see Crisis Intervention Theory and Practice and Suicide Intervention. It is wide open right now so put in what you want and maybe there will be enough people who want the same thing that it will be added.

Message from AIRS

AIRS will soon be offering a wide variety of Online Learning Opportunities. We are conducting a survey in order to facilitate the opportunities in a way that benefits you. We'd like your feedback as well as your members' feedback. Please take a few minutes to take this survey about Online Training. Also, feel free to distribute the survey link to others in the I&R field. There is also a link to the survey on the AIRS website (www.airs.org) as well as www.211.org. You may also post the link to your own affiliate site. After the survey has concluded, the results will be posted on the AIRS website. If you need any assistance or have any questions, please don't hesitate to contact me.

Click the link below to take the Online Training survey.

<http://www.zoomerang.com/recipient/survey-intro.zgi?ID=3MMCQANMPFJN&PIN=NGGHSQ6JHYGW&PANEL=>

Thank you in advance for all of your responses.

Sara Hamilton, Training Manager, Alliance of Information and Referral Systems
1319 F Street NW, Suite 601, Washington, DC 20004, 202.464.5086, sarahamilton@airs.org

1600 Forest Avenue, Suite 102, Richmond, Virginia 23229
Telephone (804) 662-9333 (V/TTY) Fax (804) 662-9354 Toll-Free (800) 552-3402 (V/TTY)

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Directors and HIPAA Privacy Officers
Area Agencies on Aging

FROM: Bill Peterson

DATE: August 12, 2003

SUBJECT: **Summary (Short) Notice of HIPAA Privacy Policies**

I have noticed that several physicians in the Richmond area have stopped providing patients with the long version of the HIPAA privacy policy notice (see sample notice sent to you on February 11, 2003, #03-88). Instead, they are giving patients a "summary" notice with the option of reading the more detailed policy if they choose. As one might expect, most patients are simply reading and signing the summary. Since the summary forms I have reviewed all are basically alike, I surmise that some organization (perhaps MAHI) has developed this summary form to satisfy the demand for a short, easier to read and understand version.

I have obtained copies of several of these summary notices and prepared a sample summary notice that you may decide to use in place of the more cumbersome sample multi-page privacy policy notice I provided in February. The sample summary notice is attached. You may choose to have your attorney review this summary notice and adapt it for use at your agency.

Attachment

SUMMARY NOTICE OF PRIVACY PRACTICES

_____ Agency on Aging

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET A COPY OF THIS INFORMATION. PLEASE READ IT CAREFULLY. This notice is a **summary** only. You may ask for a detailed version our privacy policy.

- ✓ **How we may use and disclose your personal information.** We use personal information about you help us determine your eligibility for services, to help provide you with services that best meet your needs, and for administrative purposes. For example, personal information may be shared with other service providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax or other methods. We may use or share your information without your authorization in certain situations. But beyond those situations, we will ask for your written permission before sharing your personal information. If you sign an authorization for us to share information, you can later decide to stop any future sharing of information.
- ✓ **Your rights.** In most cases, you have the right to look at or get a copy of the personal information that we use to make decisions about you. If you request copies, we may charge you a small fee. You also have the right to request a list of the organizations with which we have shared your personal information. If you believe the information we have is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
- ✓ **Our legal duty.** We are required by law to protect the privacy of your personal information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and ask that you sign this form saying that we have told you about our privacy policies. We may change our privacy policies at any time. If we make a big change in our policies, we will give you a copy. You can also request a copy of our policies at any time. For more information about our privacy policies, contact _____.
- ✓ **Privacy complaints.** If you are concerned that we have violated your privacy rights, our privacy policies, or you disagree with a decision we made about sharing your personal information, you may contact _____. You also may send a written complaint to the U.S. Department of Health and Human Services. This person can provide you with the appropriate address upon request.

If you have questions or complaints, please contact:_____.

I HAVE RECEIVED THIS SUMMARY NOTICE OF PRIVACY PRACTICES:

I, _____ Client's Name _____ have received this summary notice of the _____ Agency on Aging's Privacy Practices.

Signature of Client

Date

☐ **Check if Entire Policy Notice was Requested and Given to the Client.**

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

TO: Executive Directors
Area Agencies on Aging

AND: AIM System Managers

FROM: Leonard Eshmont
Information System Administrator

DATE: August 12, 2003

RE: AIM Workshop Agenda

As a reminder, VDA will hold an AIM Workshop on Wednesday, September 10, 2003. It will be held at the Radisson Hotel Hampton in Hampton, VA. All AIM Managers please mark your calendars for this event as we will be covering upcoming changes to the system.

It will be a one day event with rooms available for the night of Tuesday, September 9, 2003 at a conference rate of \$99.00 and applicable taxes extra. Reservations can be obtained by calling (757) 727-9700 and identifying yourself as part of the Virginia Department for the Aging meeting. However, reservations for this hotel should be made by August 18, 2003 in order to secure a room.

The Agenda for this event is attached. A copy of this notice will be emailed to all AIM administrators as well. Please respond by September 1, 2003 as to the number and names of attendees from your agency by calling my office at (804) 662-9800 or by email at leshmont@vdh.state.va.us.

Attachment



COMMONWEALTH of VIRGINIA

Department for the Aging

1600 Forest Avenue, Suite 102

Richmond, Virginia 23229

Telephone (804) 662-9333

TDD (800) 552-3402

FAX (804) 662-9354

VIRGINIA AGING INFORMATION SYSTEM – AIM WORKSHOP

AGENDA

September 10, 2003

- 9:30 am Greetings and Introductions**
- 10:00 am Title III-E – The National Family Caregiver Support Program(NFCSP)
- New Services to be tracked in AIM
 - The Guidance Document
 - Create the new Title III –E Service NAPIS Group Items Script
 - Create a New Client Screen Field / Check Box called “Is There a Caregiver?”
- 11:00 am Break
- 11:15 am AMR Reporting – AIM Data Reporting and NFCSP
- 12:00 pm Lunch**
- 1:15 pm Summary of Changes Since We Last Met and Reminders for October 1
- Adjust NAPIS Group Items for Optional Services Script
 - Add Level G to Assessment Question “Sliding Fee Scale Level”
 - Upgrade to AIM Version 05.05.12 and 05.05.16 Database Version
 - AIM Remote and Dial-Up
 - Server Recommendations
- 2:30 pm Break
- 2:45 pm Continue Changes and Reminders
- New VDA Reports Available
 - Review the VA59 Report and It’s Usefulness with Area Plan Demographics Request
 - Suggestions for Future Reports
 - Upcoming Infomaker Training for December
- 3:45 pm Closing
- Evaluation
 - Next Meeting
- 4:00 pm Adjourn**

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Nutrition Directors
Area Agencies on Aging

FROM: Carol Cooper Driskill

DATE: August 12, 2003

SUBJECT: AAA NUTRITION DIRECTORS FALL MEETING & TRAINING

The Nutrition Directors meeting and training is scheduled for **Friday, September 19, 2003** in Charlottesville at the Department of Forestry. There is no limit on the number of attendees from each AAA. While I believe it is important for a representative from each AAA to attend, the training is not mandatory.

Attached is the following information:

- Information Sheet
- Registration Form (please return even if no one is attending from your agency)
- Location of Training and Lodging

The agenda is still under construction, but will include AAA Nutrition Directors speaking about responding to budgetary issues, fundraising, and best practices. Please bring 28 copies of your current menus with you to distribute.

Please note the following dates:

- Guest Rooms – Call Fairfield Inn –Charlottesville North directly by September 12th
- Registration Form – Send to Carol at VDA by September 15, 2003. There is a space to check if no one from your agency is available to attend.

Please contact me with any questions or concerns. I can be reached by telephone (804) 662-9319, fax: (804) 662-9354, or email: cdriskill@vdh.state.va.us. I look forward to seeing you!

AAA Nutrition Directors Fall Meeting & Training
Friday, September 19, 2003
10:00 a.m. – 4:00 p.m.
Charlottesville

Location (Map Enclosed)

Virginia Department of Forestry Central Office, Fontaine Research Park, 900 Natural Resources Drive Suite 800, Charlottesville. Telephone: (434) 977-6555

Registration Form (Enclosed)

Please send the registration form to Carol Driskill at VDA by September 15. If no one is able to attend from your agency, please check that box and return by September 15.

Guest Rooms – *Fairfield Inn Charlottesville North*

Rooms are being held at Fairfield Inn for September 18 & September 19. ***Call the Fairfield Inn directly*** (434) 964-9411 ***by September 12 to reserve a room*** under “Department for the Aging Group Block.” The state rate for one person one night is \$60.00 plus 9.5% tax (\$65.70). A continental breakfast is available in the morning. Fairfield Inn Charlottesville North, 577 Branchlands Boulevard, Charlottesville, (434) 964-9411.

Meals

We will order lunch in the morning. Prices vary and each attendee will pay the cafe directly.

Morning Coffee

A café is located within the building if you wish to purchase coffee prior to the meeting.

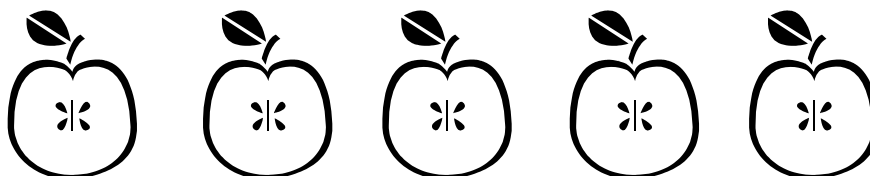
Dress

Dress for the day is casual and comfortable; jeans are fine.

Swap & Share

Please bring 28 copies of current menus for each AAA. If you have additional information you wish to share, please bring 28 copies so each AAA can receive one copy of each item; *examples* include:

- Fundraising information
- Handouts - brochures – printed materials
- Innovative materials and best practices
- *Examples* of policy and procedure such as:
 - Weather related emergencies & other situations that affect service delivery
 - Food server or employee health & hygiene
 - Procedures for volunteers who deliver meals
 - Program evaluation plans, including monitoring of subcontractors
 - Liquid supplements & medical foods



REGISTRATION FORM

AAA Nutrition Directors Fall Meeting & Training
September 19, 2003, 10:00 – 4:00 PM

Department of Forestry
Charlottesville, VA

AAA Name _____ Contact Person _____

Please send Registration Form to Carol Driskill at VDA by September 15, 2003

Fax: (804) 662-9354

Email: cdriskill@vdh.state.va.us

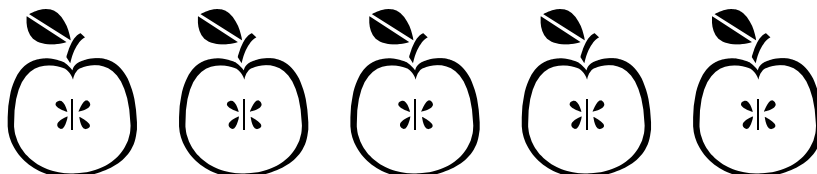
INDIVIDUALS ATTENDING

Only one sheet is needed per AAA!

Please note if any attendees have a disability and need assistance or special accommodations

Name _____ Title _____ Email _____

_____ No one from our AAA is able to attend this year.





Virginia Department of Forestry Central Office: Address and Phone Number

North



Virginia Department of Forestry
Central Office
Fontaine Research Park
900 Natural Resources Drive
Suite 800
Charlottesville, Virginia 22903

Phone: (434) 977-6555
Fax: (434) 296-2369



Fairfield Inn Charlottesville North

577 Branchlands Boulevard
Charlottesville, VA 22901

Phone: 1 434-964-9411
Fax: 1 434-964-9422

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Carol Cooper Driskill

DATE: August 12, 2003

SUBJECT: Service Standard Reminder: Nutrition Screening

Congregate and Home Delivered Nutrition Service Standards: Nutrition Screening
(under Service Delivery Elements): "Determine Your Nutritional Health" Nutrition Screening Checklist developed and distributed by the Nutrition Screening Initiative must be completed during assessment. *The AAA or service provider will develop a written plan specifying how the agency will use the screening results.*

Attached are written plans from:

- Valley Program for Aging Services (PSA 4)
- Jefferson Area Board for Aging (JABA - PSA 10)
- Piedmont Senior Resources AAA (PSA 14) – Daily Bread (Subcontractor)

Shenandoah AAA (PSA 7) uses a two-part (NCR) Nutrition Screening Checklist, which provides a copy for AAA records and allows the client and family to have a copy. When the nutrition screening checklist is completed with the congregate meal participant, the Senior Center Director immediately turns the form over and goes over the results, providing nutrition education.

One AAA has congregate site participants fill out the checklist at the same time in a group setting. The Site Manager discusses the nutrition screening components (back of the checklist) with the group. In one sitting, both nutrition education and paperwork requirements are completed!

Please contact me at (804) 662-9319 or cdriskill@vdh.state.va.us with any questions or concerns.

New River Valley Agency on Aging

Policy Notebook Statement regarding the use of the nutrition risk assessment form.

The Nutrition Risk Assessment Form is completed by the Information and Assistance and Care Coordination staff at the time of assessments and reassessments for Home Delivered Nutrition, Congregate Nutrition and Care Coordination services.

*The information gathered from the Nutrition Risk Assessment is used to help direct the worker in making referrals for needed dental care, dietary counseling, etc.

Jefferson Area Board for Aging

Senior Center and Nutrition Services
Work Plan for Nutrition Screening findings.
June 18, 2002

Nutrition Screening surveys are done at least annually on all congregate and hdm clients. Surveys are also completed on new clients throughout the year. Senior center supervisors, nursing staff, aging service coordinators and dietetic interns' team to complete the surveys. The results of the surveys are utilized in many ways to shape services to address the exhibited needs. Below is a brief narrative of the ways senior center and nutrition services addresses survey results.

Health Education Curriculum

The congregate and home delivered meal clients benefit from a dynamic health education curriculum designed to educate and raise awareness of clients regarding important health related issues. This is health prevention program that is proactive as well as reactive to the group and individual needs of the clients served. The curriculum is used by all activity planning staff at the centers and speakers and activities are scheduled at the centers to meet the curriculum requirements. Nursing staff also coordinates the distribution of health promotion flyers and other educational reading materials to congregate and hdm clients. Nutrition education is involved in some capacity monthly. When nutritional surveys indicate a need to highlight certain nutritional topics the health education curriculum is amended to address the need.

Home and Center-based Nursing Services

As the team members mentioned above complete nutrition screening surveys, any identified concerns are flagged and follow up is expected. An example follows: If a center supervisor completes the survey and finds out that a client has no working refrigerator at home and is having denture problems. The center supervisor communicates this concern to the Aging Service Coordinator by way of a staff to staff referral. The Aging Service Coordinator would then work with the client and address the needs. If the nurse does the nutritional screening survey or is referred to by the center supervisor, the nurse can provide individual counseling and education based on findings.

UVA Dietetic Internship Program

Annually 10 interns are assigned to Senior Center and Nutrition Services. The students provide nutritional education programs at the centers and assist with nutritional screening surveys. They provide nutritional tip sheets to each individual surveyed based on the results of the survey. In addition, a nutritional profile is written on each participating senior center based on the surveys. Part of this profile also includes recommendations for nutrition education and menu variation.

Senior Center and Nutrition Services is committed to maintaining and improving the nutritional status of the clients served. The above mentioned services and activities are implemented to meet this objective.

DAILY BREAD, INC.

P.O. Box 660

FARMVILLE, VA 23901

TEL: (434) 392-1015

FAX: (434) 392-9096

DETERMINE YOUR NUTRITIONAL HEALTH

Policy: If a client's score is 0 – 2, Daily Bread will suggest that they recheck their Nutritional Score in 6 months. Daily Bread will check again during reassessment phase of program.

Policy: If a client's score is 3 – 5, Daily Bread will assist the client with things that they could do on their own that would lower their Nutritional Score. Example – Educate the client in the importance of eating 3 meals a day. This will lower the total score by 3 points. If the client is having tooth or mouth problems, we will suggest that they make a dental appointment. All these options will be discussed with the client when the Nutritional Health form is completed. Daily Bread will check again during reassessment phase of program.

Policy: If a client's score is 6 or more, Daily Bread will implement the same procedure for the score of 3 – 5. Daily Bread will also emphasize that they are at a high nutritional risk and will need to discuss this with their doctor during their next scheduled visit. The client will be instructed to recheck their score in 3 months. Daily Bread will check again during reassessment phase of program.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Human Services Program Coordinator

DATE: August 12, 2003

SUBJECT: National Family Caregiver Support Program – A Model for Care Management with Family Caregivers using Adult Day Services

Mid County Senior Services (MCSS) is a community based aging service of Main Line Health System near Philadelphia that operates three adult day service centers. Funded by a special grant of the National Family Caregiver Support Program, MCSS is conducting Adult Day Services Plus: a Model of Care Management with Caregivers using Adult Day Services. ADS Plus seeks to compare caregivers of adult day services clients without care management to those caregivers of adult services clients who receive care management. MCSS is working with Thomas Jefferson University to evaluate outcomes of the program.

Attached is a presentation on the project given by Karen Reeve, the project's Principal Investigator, at the Pennsylvania Adult Day Services Association. The purposes, measurement tools, implementation, descriptions of caregivers and clients and intervention strategies of the ADS Plus Model are outlined in the attachment. Case illustrations and first impressions of the project's results as well as future plans are presented. Final results and a replication manual are to be published in Fall 2004.

Adult Day Services Plus:

A Model for Care Management with Family Caregivers using Adult Day Services

Presenters:

Karen E. Reeve, MSG, MPA, Principal Investigator

- 610-353-6642, karen@senrs.org

Esther Mathieu, MSW, ACSW, Project Director

- 610-626-0662, esther@senrs.org

Mid County Senior Services

22 Media Line Rd, Newtown Square, PA 19073

Presented at PA Adult Day Services Assoc, June 2, 2:45 – 4:15.

Abstract for: *Adult Day Services Plus*: a Model of Care Management with Caregivers using Adult Day Services

Adult Day Services Plus is an innovative program, funded by the National Family Caregiver Support Program of the Administration on Aging, which adds caregiver care management to adult day services and evaluates the impact of this care management on the caregiver. Mid County Senior Services (MCSS), the host agency, is the community based aging services component of a suburban health system near Philadelphia. MCSS operates three adult day service centers.

The goals of *Adult Day Services (ADS) Plus* are to 1) provide care management to 50 caregivers annually; 2) demonstrate its impact by comparing ADS caregivers who receive care management with those who get traditional ADS; and 3) nationally disseminate the *ADS Plus* model.

ADS Plus develops and tests care management tools that target where caregiver support is needed, are integrated with the care plan of their care receiver, and deliver support in ways that match caregiver preferences. Caregiver interventions include individual education and counseling, family counseling, support groups, physical exercise programs and self-care programs for caregivers, and referral to community support services. Processes for caregiver care management assessment, care planning, interventions and monitoring will be reviewed in this presentation.

MCSS is consulting with researchers from Thomas Jefferson University to evaluate outcomes by measuring change in positive and negative aspects of caregiving including caregiving strain, self-efficacy, perceived rewards of caregiving, depression, health, and the length of stay of the care receiver. Research tools are integrated with the clinical assessment tools used in ADS. The research design, tools and their implementation will be discussed.

The goal is to recruit 100 caregivers annually, beginning February 2002, into its control and intervention groups. Participating caregivers reflect diversity in caregiver relationships, income, ethnicity, and care receiver diagnosis. Final results and replication manual will be available in Fall 2004.

Purpose of Adult Day Services (ADS) Plus Project

1. Add caregiver care management to ADS centers designated as treatment sites
 - Two ADS centers (the treatment sites) get caregiver care management and one ADS center (the control site) does not
 - Offer to all caregivers who enroll in ADS treatment sites from 2/02 through 6/04; goal = 100
2. Evaluate feasibility & impact of care management service on caregiver
 - Compare caregivers in ADS without care management to those in ADS with care management
3. Disseminate ADS Plus model via presentations and replication manual

Caregiver outcomes being evaluated to assess impact of caregiver care management service:

Hypothesized outcomes:	Measured by:
> self-efficacy	- ADL, Memory & Beh. Problem subscale
< caregiver strain	- Zarit Burden (12 item)
< depression	- CES-D (10 item)
> perceived health	- self rating
> caregiver gains	- Perceived change index
> LOS of care receiver	- attendance records

Implementation Setting & Staffing:

Agency:

- Mid County Senior Services hosts the research; it is part of Main Line Health System in suburban Philadelphia, PA
- Mid County Senior Services operates 3 ADS centers, 2 senior centers & a volunteer home support program

ADS Staffing:

- Nurse director, family service director (FSD), activity specialist, program assistants, admin support
- **ADS Plus** done by FSDs (master level clinicians with many years of working with caregivers) and admin assistant

Description of Initial Caregivers:

Number currently enrolled (2/02-3/03) = 96

Relationship of Caregiver to Care receiver:

Female (74) = wife (28), daughter (41), other (5)

Male (22) = husband (15), son (7)

Race = African American 17 (18%), Caucasian 74 (77%), other 2 (2%)

Age	Education	Depression
Range: 31-85	< High school = 6	Range: 10-34 (possible =10-40)
<65 yrs = 57%	High school = 25	score 10 - 15 = 31
65-79 = 31%	> High school = 65	score 16 – 20 = 39
80+ = 12%		score 21 – 25 = 13
		Score > 25 = 13

Description of Care Receivers:

Age:	Primary Diagnosis:
<65 yrs = 6%	Dementia, Alzheimer's = 52
65-79 = 39%	Stroke = 14
80+ = 64%	Heart diseases = 9
	Arthritis = 6
	Parkinson's = 4
	Brain trauma = 3
	Others = 7

Intervention Strategies:

Function	Objectives	Interventions
Physical Health	<ul style="list-style-type: none">• improve perceived health• improve healthy behaviors• decrease sick time	<ul style="list-style-type: none">• educate to overcome obstacles to good health• teach time management to make room for healthy behaviors• refer to health screening & promotion, skills training• offer workshops on health issues (“Brain Food”)
Mental Health	<ul style="list-style-type: none">• > caregiving confidence• brighter outlook• < caregiving strain	<ul style="list-style-type: none">• educate about CR illness & explore impact on CG• teach caring/coping skills• provide or refer for individual or family counseling• maintain support via phone contact &/or meetings• offer workshops to help caregivers plan for future care
Social Health	<ul style="list-style-type: none">• > sense of control of one’s life• broader social support network for caregiver	<ul style="list-style-type: none">• help CG recognize their need for & how to get social support• refer to programs for socialization• offer or refer to support groups• hold caregiver networking events (“Coffee & Conversation”)• facilitate family meeting

Case Illustrations:

Working son & daughter-in-law juggle –

Mrs. O moved in with son & daughter-in-law when she became too frail to live alone. Since both work, Mrs. O attends ADS & has a companion at home. Still, the son needed more assistance which he got from *ADS Plus*. The Family Service Director referred him to community services, explained incontinence and products, and secured nursing home respite.

Becoming an instant caregiver stresses daughter –

Mom was always in charge of her busy life. In one regular call to her daughter hundreds of miles away, Mom sounded different “like she was drunk”. Mom was quickly hospitalized, diagnosed with dementia, and moved in with daughter. The new caregiver role stressed the daughter’s marriage, health, sleep, and mood. Before ADS, she thought she must place Mom in a nursing home & the thought was “killing” her.

ADS is a great relief but many issues remain, i.e. what is dementia, how to best care for Mom (bathing), what's in the future, how does my family cope? *ADS Plus* Family Service Director (FSD) is first helping the daughter organize her thinking and diminish feeling overwhelmed. Later, the FSD will work with the entire family to plan effective caregiving.

Husband doesn't think of himself as caregiver –

For 3 years Mr. M has cared for his wife with dementia but says he's "just her husband". His daughter, noticing Mr. M's failing health, insisted Mom come to ADS. At enrollment Mr. M reported being sleepless, depressed, lonely & eating poorly. When the Family Service Director (FSD) offered support, he said he's fine as long as his wife gets what she needs.

Mr. M conceded to meet with the FSD "only if its short & sweet", rebuffing reference to his own functioning. Gradually the discussions shifted. He first asked about a senior center. Now, several months later, Mr. M asks about concrete support services and talks about his coping skills. Meetings must stay unplanned, but he seems to know when the FSD is available.

First Impressions:

- 96 of the 106 eligible caregivers have enrolled.
- Of those enrolled, 12 have dropped out of the research, usually because of CR illness or placement.
- Of the 53 caregivers in the intervention group, few want care management services offered by *ADS Plus*.
 - Most say knowing FSD is available is a comfort.
 - Several said they can't take on anything more.
 - Preliminary data shows little upset with caregiving.
 - FSDs speculate that caregiver's focus is helping care receiver & has found the answer in ADS.
 - FSDs now first helping caregivers help care receivers (e.g. skills training) but still little use of *ADS Plus*.

Next steps....

- Finish recruitment through 6/30/03
- Continue providing ADS Plus care management through 6/30/04
- Continually develop new interventions that respond to caregivers preferences as well as needs
- Refine the research questions and data analysis methodology to answer these questions
- Write replication manual

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Carol Cooper Driskill

DATE: August 12, 2003

SUBJECT: NUTRITION EDUCATION HANDOUTS #4: Food Safety

Service Standard Reminder: Food Safety Education

Home Delivered Nutrition Service Standard: Nutrition Education, Disease Prevention and Health Promotion (under Service Delivery Elements): Accurate information about Nutrition Education, Disease Prevention and Health Promotion shall be provided to the homebound participant on a continuing basis, but at least twice a year. Information will be obtained from a reputable source, registered dietitian or other qualified individual. *At least once a year, food safety information, such as food handling, reheating, and storage, shall be provided.*

Congregate Nutrition Service Standard: Nutrition Education (under Service Delivery Elements)
Nutrition Education: Any set of learning experiences designed to facilitate voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being.

Information will be obtained from a reputable source or provided by a registered dietitian or other qualified individual. The participant shall be provided with information on a continuing basis, but at least quarterly. Scheduled programs shall be documented as having taken place. *At least once a year, food safety information, such as food handling, reheating, and storage, shall be provided.*

Most AAA use the local Cooperative Extension Service to provide nutrition education about food safety. As an additional resource, a lesson plan, food safety quiz, and handouts are provided. The attachments include information about safe handling of fresh produce.

Please contact me at 804-662-9319 or cdriskill@vdh.state.va.us with questions.

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U. S. Food and Drug Administration

FDA Consumer

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Can Your Kitchen Pass the Food Safety Test?

By Paula Kurtzweil

What comes to mind when you think of a clean kitchen? Shiny waxed floors? Gleaming stainless steel sinks? Spotless counters and neatly arranged cupboards?

They can help, but a truly "clean" kitchen--that is, one that ensures safe food--relies on more than just looks: It also depends on safe food practices.

In the home, food safety concerns revolve around three main functions: food storage, food handling, and cooking. To see how well you're doing in each, take this quiz, and then read on to learn how you can make the meals and snacks from your kitchen the safest possible.

Quiz

Choose the answer that best describes the practice in your household, whether or not you are the primary food handler.

1. The temperature of the refrigerator in my home is:

- a. 50 degrees Fahrenheit (10 degrees Celsius)
- b. about 40 F (5 C) or less
- c. I don't know; I've never measured it.

2. The last time we had leftover cooked stew or other food with meat, chicken or fish, the food was:

- a. cooled to room temperature, then put in the refrigerator
- b. put in the refrigerator immediately after the food was served
- c. left at room temperature overnight or longer

3. The last time the kitchen sink drain, disposal and connecting pipe in my home were sanitized was:

- a. last night
- b. several weeks ago
- c. can't remember

4. If a cutting board is used in my home to cut raw meat, poultry or fish and it is going to be used to chop another food, the board is:

- a. reused as is
- b. wiped with a damp cloth
- c. washed with soap and hot water
- d. washed with soap and hot water and then sanitized

5. The last time we had hamburgers in my home, I ate mine:

- a. rare
- b. medium
- c. well-done

6. The last time there was cookie dough in my home, the dough was:

- a. made with raw eggs, and I sampled some of it
- b. store-bought, and I sampled some of it
- c. not sampled until baked

7. I clean my kitchen counters and other surfaces that come in contact with food with:

- a. water
- b. hot water and soap
- c. hot water and soap, then bleach solution
- d. hot water and soap, then commercial sanitizing agent

8. When dishes are washed in my home, they are:

- a. cleaned by an automatic dishwasher and then air-dried
- b. left to soak in the sink for several hours and then washed with soap in the same water
- c. washed right away with hot water and soap in the sink and then air-dried
- d. washed right away with hot water and soap in the sink and immediately towel-dried

9. The last time I handled raw meat, poultry or fish, I cleaned my hands afterwards by:

- a. wiping them on a towel
- b. rinsing them under hot, cold or warm tap water
- c. washing with soap and warm water

10. Meat, poultry and fish products are defrosted in my home by:

- a. setting them on the counter
- b. placing them in the refrigerator
- c. microwaving

11. When I buy fresh seafood, I:

- a. buy only fish that's refrigerated or well iced
- b. take it home immediately and put it in the refrigerator
- c. sometimes buy it straight out of a local fisher's creel

12. I realize people, including myself, should be especially careful about not eating raw seafood, if they have:

- a. diabetes
- b. HIV infection
- c. cancer
- d. liver disease

Answers

1. Refrigerators should stay about 40 F (5 C) or less, so if you chose answer B, give yourself two points. If you didn't, you're not alone. According to Robert Buchanan, Ph.D., food safety initiative lead scientist in the Food and Drug Administration's Center for Food Safety and Applied Nutrition, many people overlook the importance of maintaining an appropriate refrigerator temperature.

"According to surveys, in many households, the refrigerator temperature is above 50 degrees (10 C)," he said. His advice: Measure the temperature with a thermometer and, if needed, adjust the refrigerator's temperature control dial. A temperature of about 40 F (5 C) or less is important because it slows the growth of most bacteria. The temperature won't kill the bacteria, but it will keep them from multiplying, and the fewer there are, the less likely you are to get sick from them. Freezing at zero F (minus 18 C) or less stops bacterial growth (although it won't kill all bacteria already present).

2. Answer B is the best practice; give yourself two points if you picked it.

Hot foods should be refrigerated as soon as possible within two hours after cooking. But don't keep the food if it's been standing out for more than two hours. Don't taste test it, either. Even a small amount of contaminated food can cause illness.

Date leftovers so they can be used within a safe time. Generally, they remain safe when refrigerated for three to five days. If in doubt, throw it out, said FDA microbiologist Kelly Bunning, Ph.D., also with FDA's food safety initiative. "It's not worth a food-borne illness for the small amount of food usually involved."

3. If answer A best describes your household's practice, give yourself two points. Give yourself one point if you chose B.

According to FDA's John Guzewich epidemiologist on FDA's food safety initiative team, the kitchen sink drain, disposal and connecting pipe are often overlooked, but they should be sanitized periodically by pouring down the sink a solution of 1 teaspoon (5 milliliters) of chlorine bleach in 1 quart (about 1 liter) of water or a solution of commercial kitchen cleaning agent made according to product directions. Food particles get trapped in the drain and disposal and, along with the moistness, create an ideal environment for bacterial growth.

4. If answer D best describes your household's practice, give yourself two points.

If you picked A, you're violating an important food safety rule: Never allow raw meat, poultry and fish to come in contact with other foods. Answer B isn't good, either. Improper washing, such as with a damp cloth, will not remove bacteria. And washing only with soap and water may not do the job, either.

5. Give yourself two points if you picked answer C.

If you don't have a meat thermometer, there are other ways to determine whether seafood is done:

- For fish, slip the point of a sharp knife into the flesh and pull aside. The edges should be opaque and the center slightly translucent with flakes beginning to separate. Let the fish stand three to four minutes to finish cooking.
- For shrimp, lobster and scallops, check color. Shrimp and lobster and scallops, red and the flesh becomes pearly opaque. Scallops turn milky white or opaque and firm.
- For clams, mussels and oysters, watch for the point at which their shells open. Boil three to five minutes longer. Throw out those that stay closed.

When using the microwave, rotate the dish several times to ensure even cooking. Follow recommended standing times. After the standing time is completed, check the seafood in several spots with a meat thermometer to be sure the product has reached the proper temperature.

6. If you answered A, you may be putting yourself at risk for infection with *Salmonella enteritidis*, a bacterium that can be in shell eggs. Cooking the egg or egg-containing food product to an internal temperature of at least 145 F (63 C) kills the bacteria. So answer C--eating the baked product--will earn you two points.

You'll get two points for answer B, also. Foods containing raw eggs, such as homemade ice cream, cake batter, mayonnaise, and eggnog, carry a *Salmonella* risk, but their commercial counterparts don't. Commercial products are made with pasteurized eggs; that is, eggs that have been heated sufficiently to kill bacteria, and also may contain an acidifying agent that kills the bacteria. Commercial preparations of cookie dough are not a food hazard.

If you want to sample homemade dough or batter or eat other foods with raw-egg-containing products, consider substituting pasteurized eggs for raw eggs. Pasteurized eggs are usually sold in the grocer's refrigerated dairy case.

Some other tips to ensure egg safety:

- Buy only refrigerated eggs, and keep them refrigerated until you are ready to cook and serve them.
- Cook eggs thoroughly until both the yolk and white are firm, not runny, and scramble until there is no visible liquid egg.
- Cook pasta dishes and stuffings that contain eggs thoroughly.

7. Answers C or D will earn you two points each; answer B, one point. According to FDA's Guzewich, bleach and commercial kitchen cleaning agents are the best sanitizers--provided they're diluted according to product directions. They're the most effective at getting rid of bacteria. Hot water and soap does a good job, too, but may not kill all strains of bacteria. Water may get rid of visible dirt, but not bacteria.

Also, be sure to keep dishcloths and sponges clean because, when wet, these materials harbor bacteria and may promote their growth.

8. Answers A and C are worth two points each. There are potential problems with B and D. When you let dishes sit in water for a long time, it "creates a soup," FDA's Buchanan said. "The food left

on the dish contributes nutrients for bacteria, so the bacteria will multiply." When washing dishes by hand, he said, it's best to wash them all within two hours. Also, it's best to air-dry them so you don't handle them while they're wet.

9. The only correct practice is answer C. Give yourself two points if you picked it.

Wash hands with warm water and soap for at least 20 seconds before and after handling food, especially raw meat, poultry and fish. If you have an infection or cut on your hands, wear rubber or plastic gloves. Wash gloved hands just as often as bare hands because the gloves can pick up bacteria. (However, when washing gloved hands, you don't need to take off your gloves and wash your bare hands, too.)

10. Give yourself two points if you picked B or C. Food safety experts recommend thawing foods in the refrigerator or the microwave oven or putting the package in a water-tight plastic bag submerged in cold water and changing the water every 30 minutes. Gradual defrosting overnight is best because it helps maintain quality.

When microwaving, follow package directions. Leave about 2 inches (about 5 centimeters) between the food and the inside surface of the microwave to allow heat to circulate. Smaller items will defrost more evenly than larger pieces of food. Foods defrosted in the microwave oven should be cooked immediately after thawing.

Do not thaw meat, poultry and fish products on the counter or in the sink without cold water; bacteria can multiply rapidly at room temperature.

Marinate food in the refrigerator, not on the counter. Discard the marinade after use because it contains raw juices, which may harbor bacteria. If you want to use the marinade as a dip or sauce, reserve a portion before adding raw food.

11. A and B are correct. Give yourself two points for either.

When buying fresh seafood, buy only from reputable dealers who keep their products refrigerated or properly iced. Be wary, for example, of vendors selling fish out of their creel (canvas bag) or out of the back of their truck.

Once you buy the seafood, immediately put it on ice, in the refrigerator or in the freezer. Some other tips for choosing safe seafood:

- Don't buy cooked seafood, such as shrimp, crabs or smoked fish, if displayed in the same case as raw fish. Cross-contamination can occur. Or, at least, make sure the raw fish is on a level lower than the cooked fish so that the raw fish juices don't flow onto the cooked items and contaminate them.
- Don't buy frozen seafood if the packages are open, torn or crushed on the edges. Avoid packages that are above the frost line in the store's freezer. If the package cover is transparent, look for signs of frost or ice crystals. This could mean that the fish has either been stored for a long time or thawed and refrozen.

- Recreational fishers who plan to eat their catch should follow state and local government advisories about fishing areas and eating fish from certain areas.
- As with meat and poultry, if seafood will be used within two days after purchase, store it in the coldest part of the refrigerator, usually under the freezer compartment or in a special "meat keeper." Avoid packing it in tightly with other items; allow air to circulate freely around the package. Otherwise, wrap the food tightly in moisture-proof freezer paper or foil to protect it from air leaks and store in the freezer.
- Discard shellfish, such as lobsters, crabs, oysters, clams and mussels, if they die during storage or if their shells crack or break. Live shellfish close up when the shell is tapped.

12. If you are under treatment for any of these diseases, as well as several others, you should avoid raw seafood. Give yourself two points for knowing one or more of the risky conditions.

People with certain diseases and conditions need to be especially careful because their diseases or the medicine they take may put them at risk for serious illness or death from contaminated seafood. These conditions include:

- liver disease, either from excessive alcohol use, viral hepatitis, or other causes
- hemochromatosis, an iron disorder
- diabetes
- stomach problems, including previous stomach surgery and low stomach acid (for example, from antacid use)
- cancer
- immune disorders, including HIV infection
- long-term steroid use, as for asthma and arthritis

Older adults also may be at increased risk because they more often have these conditions. People with these diseases or conditions should never eat raw seafood -- only seafood that has been thoroughly cooked.

Rating Your Home's Food Practices

24 points: Feel confident about the safety of foods served in your home.

12 to 23 points: Reexamine food safety practices in your home. Some key rules are being violated.

11 points or below: Take steps immediately to correct food handling, storage and cooking techniques used in your home. Current practices are putting you and other members of your household in danger of food-borne illness.

Paula Kurtzweil is a member of FDA's public affairs staff.

Lesson Plan: **Food Safety and Handling Fresh Fruits and Vegetables**

Handouts: “When Selecting Fresh Produce” and “Keep Your Food Safe” (also Food Safety Quiz)

Did you know that you could become sick from eating certain fresh fruits and vegetables? That’s why it’s important to learn how to safely handle fresh fruits and vegetables to prevent food-borne illness (previously called food poisoning). Eating fresh fruit and vegetables is not dangerous, but we have to know more about preventing food borne illness.

I’ve been eating fresh produce my entire life and have never been sick! Why worry now? People at increased risk for food-borne illness include:

- People over age 65
- People with weakened immune systems
- People taking certain medications
- Children aged 4 and under

People over age 65 are more at risk for food-borne illness:

- Changes occur in the body with aging. Once ill, it may take longer to recover.
- Our **immune system** fights disease and preserves health. As we age, our immune system is less able to function at normal levels, and our resistance to infection may weaken. A weakened immune system is less adept at getting rid of bacteria. Major surgery also affects our body’s ability to fight off infections.
- Our **gastrointestinal tract** (stomach) helps limit the number of bacteria that enter the small intestine. As we age, there is a decrease in stomach acid secretion; our body may be less able to fight infection if we eat or drink a food with pathogens.
- As we age, we may experience **loss of appetite** for a variety of reasons. **Poor nutrition** may lead to increased incidence of infections, including those from food-borne bacteria. Good nutrition is important factor in maintaining a healthy immune system.
- Medication or illness may affect our **sense of taste or smell**, and **vision** may be poor. We may not detect spoilage, although not all spoilage can be detected.

During our lifetime, there have been changes in food distribution and preparation:

- Food is imported from countries where food safety practices may not be well developed
- New types of disease causing organisms (food-borne pathogens) are emerging
- Fruits and vegetables have been involved in outbreaks of food-borne illness
- People eat out more and not all food service employees follow good food safety practices
- There are new bacteria and antibiotic resistant bacteria

Most of us have probably experienced food-borne illness but attributed it to something else. Food-borne illness can be severe for seniors and others at risk. Food-borne illness is usually not long lasting or life threatening for Symptoms may appear 30 minutes after eating contaminated food or may not develop for several days or weeks. Symptoms may include: diarrhea, abdominal pain, nausea, vomiting, and/or fever. Seek immediate medical attention if you suspect food-borne illness.

The major causes of food-borne illness include:

- Poor hand washing
- Failure to cook and hold foods at proper temperatures
- Failure to properly and promptly cool and refrigerate foods

- Cross contamination - harmful microorganisms are transferred to food by hands, utensils, or surfaces. Example - touching raw poultry then touching fresh produce

What does this have to do with fresh fruits and vegetables? On some occasions, fresh fruit and vegetables may contain microorganisms that cause food poisoning. Food may become unsafe when harmful things get into the food. Example – A melon grows close to the ground and has soil on it that contains bacteria. When the melon is cut, the soil gets inside the fruit and the bacteria may grow and contaminate the melon if not refrigerated promptly.

Food becomes unsafe when harmful microorganisms are transferred to food by human hands, utensils, or raw food. Example - we handle raw ground beef when making meatloaf, touch a piece of raw fruit without washing our hands, and transfer pathogens from the raw ground beef to the raw fruit. Example - we transfer pathogens when we cut raw chicken then use the same unwashed knife and cutting board to cut an apple.

Some vegetables become unsafe once heat is applied. Example – cooked potatoes may be a problem if not cooked and refrigerated properly.

I'll just look at the fruit and vegetables and not eat them if they have pathogens on them.

Microorganisms are tiny and can only be seen through a microscope. Some harmful microorganisms grow quickly in certain foods, such as cut melons, cooked fruits and cooked vegetables.

Follow these steps to prevent food-borne illness:

Selection

- Don't buy bruised or damaged produce
- Cut, fresh produce (such as melon) must be refrigerated or surrounded/buried in ice. Don't buy cut melon displayed on top of ice
- Don't buy damaged cans: flawed or dented seams, swollen, leaking, dented, rusted, label missing
- Don't buy fruit juice unless the label states "pasteurized"

Cleaning

Wash hands and surfaces often

Wash hands and work surfaces often

- Wash hands with warm water and soap for at least 20 seconds BEFORE preparing, cutting, handling, or eating fruits, vegetables and other food items AND after handling fresh produce, using the bathroom, touching pets, etc.
- Wash food contact surfaces, cutting boards, counters, dishes, utensils, and knives with hot soapy water BEFORE and AFTER cutting fruits and vegetables and preparing food items. This is very important with raw poultry, ground beef, meat, seafood, fish, etc.
- Wash any cloth towels used to clean kitchen surfaces in the washing machine hot cycle
- Wash sponges and dishcloths in hot soapy water
- Keep pets away from food, dishes, and towels

Always wash all raw fruits and vegetables with clean sanitary water

- Thoroughly wash produce with fresh, clean tap water just before eating or preparation
- Don't use soap or detergents to wash fruits and vegetables
- Wash lettuce and other leafy vegetables, leaf by leaf
- Scrub produce with firm surfaces (apples, potatoes, melons, cucumbers) with a clean brush
- Don't wash produce before storage (water encourages bacterial growth and speeds decay)

Handling

Separate: Don't cross-contaminate

- Refrigerate cut produce within 2 hours
- Throw away cut produce left at room temperature for more than two hours
- Avoid a lot of pinching, squeezing, touching, and handling of fresh produce
- Keep raw meat, poultry, seafood and their juices, away from fresh produce and other ready to eat foods. Never place food items on an unwashed plate that held raw meat, poultry or seafood
- If possible, use one cutting board for raw meat and poultry and a separate cutting board for all other food
- Throw away moldy items - don't eat them or cut away mold. Some molds are dangerous and can't be safely scraped or cut off
- Cut away bruised areas from produce; bacteria that cause illness can thrive there
- Fresh whole fruits and vegetables don't need refrigeration
- Throw away food that is expired or past the "use by" date
- If in doubt, throw it out!

Cook

Cook foods to proper internal temperatures

- Use a food thermometer to make sure foods are cooked to a safe internal temperature
- Don't add raw food to previously cooked food
- Keep hot foods hot and cold foods cold to prevent bacteria growth
- When reheating food, cook until it is hot all the way through

Chill

Refrigerate promptly

- Eat, refrigerate, reheat, or freeze foods within 2 hours or less
- Refrigerate or freeze produce, perishables, prepared food and leftovers within 2 hours (one hour in warm weather or a hot kitchen) to keep harmful bacteria from growing and multiplying
- Refrigerate cut and peeled produce promptly
- Set the refrigerator at 40 F or lower, set the freezer at 0 F, and use a refrigerator thermometer
- Keep the refrigerator clean
- Don't overload the refrigerator because it makes the unit work harder and reduces the ability to maintain temperatures. Cool air must circulate to keep food safe. Don't line shelves with foil or paper, which also prevents airflow
- Divide large amounts of leftovers into small containers for quick refrigerator cooling, reheat later
- Refrigerate or freeze cooked potatoes and other cooked vegetables in shallow containers
- Keep raw meat, poultry and fish away from other foods; prevent their juices from dripping on food
- Store fruits and vegetables above raw meat, poultry, and seafood in the refrigerator
- Don't mix new fresh foods with food already in the refrigerator.
- Safely keep soups and stews with vegetables for 3-4 days in refrigerator or 2-3 months in freezer
- Throw out food with excessive freezer burn
- Don't use ice that came in contact with fresh produce or other raw products
- If in doubt, throw it out!

Keep Your Food Safe

Clean & Wash

Wash hands with warm water and soap for at least 20 seconds before and after handling food, especially fresh fruits & vegetables and raw meat, poultry and fish.

Wash hands, cutting boards, dishes, utensils, and counter tops with hot, soapy water before, during, and after preparing food, including fresh produce and raw meat, poultry and seafood to prevent cross-contamination.

Fresh fruits & vegetable are grown outside and may come in contact with bacteria (most are harmless). Always thoroughly wash fresh fruits & vegetables with clean running water. Use a small scrub brush as needed to remove surface dirt. Never use soap or detergents on the produce.

Wait until just before preparation or eating to wash fresh fruits & vegetables.

Handling – Separate & Don't Cross Contaminate

Keep raw meat, poultry, seafood and their juices away from all other foods.

Use smooth nonabsorbent cutting boards that can be easily cleaned & sanitized.

Avoid a lot of pinching, squeezing, touching, and handling of fresh produce.

Cut away bruised areas from produce. Don't eat or cut away items with mold – just throw away. If in doubt, throw it out!

Cook

Use a food thermometer to make sure foods are cooked to a safe temperature.

Keep hot foods hot and cold foods cold to prevent bacteria from growing.

Chill & Refrigerate Promptly

Eat, refrigerate, reheat, or freeze foods within 2 hours or less

Set the refrigerator at 40 F or below, set the freezer at 0 F, and use a thermometer.

Keep the refrigerator clean, don't overload, and don't line shelves with foil or paper.

Keep raw meat, poultry, fish, and seafood away from other foods, including produce.

Always store cut and peeled fruits, vegetables, and cut melons in the refrigerator. Fresh whole produce, such as potatoes and uncut melons, don't need refrigeration. Don't wash produce before storage.

Throw out food with excessive freezer burn or that is past the "use by" date.

If in doubt, throw it out!

When selecting fresh produce, avoid fruits and vegetables that are:

Overripe

Spoiled

Discolored

Brown in color

Badly bruised

Too soft

Mushy

Slimy

Wilted

Cuts or cracks in skin

Moldy (Check stem areas)

Bad odor

Avoid excessive squeezing, touching, pinching & handling

